



# VULNERABLE ADULT PROTECTIVE SERVICES/DATA COLLECTION

ND DEPARTMENT OF HUMAN SERVICES  
AGING SERVICES

SFN 1265 (06-2003)

|  |  |   |                                 |  |                   |           |
|--|--|---|---------------------------------|--|-------------------|-----------|
| Name: Last First Middle Initial  |  |   | Date:                           |  |                   |           |
| Address of Residence: (If different, include mailing address)  |  |   | Social Security Number:         |  |                   |           |
| City:  |  | State:  | Zip Code:                       |  | Telephone Number: |           |
| Mailing Address: (If different from residence)   |  |   | Referral Source Comments:       |  |                   |           |
| City:  |  | State:  |                                 |  |                   | Zip Code: |
| County:  |  | Telephone Number:   |                                 |  |                   |           |
| <input type="checkbox"/> I & R <input type="checkbox"/> Brief Services   |  |   |                                 |  |                   |           |
| <b>1. DEMOGRAPHICS</b>   |  |   |                                 |  |                   |           |
| Birthdate:   |  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female         |                                 |  |                   |           |
| Ethnic: <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> African American                        |  |   |                                 |  |                   |           |
| <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American/Pacific Islander <input type="checkbox"/> Non-Minority |  |   |                                 |  |                   |           |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed                |  |   |                                 |  |                   |           |
| <input type="checkbox"/> Divorced <input type="checkbox"/> Separated   |  |   |                                 |  |                   |           |
| Living With: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family                       |  |   |                                 |  |                   |           |
| <input type="checkbox"/> Non-relatives   |  |   |                                 |  |                   |           |
| Social Need: <input type="checkbox"/> Living Alone <input type="checkbox"/> 100% Poverty   |  |   |                                 |  |                   |           |
| <input type="checkbox"/> Severely Disabled <input type="checkbox"/> Social Isolation   |  |   |                                 |  |                   |           |
| Place of Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> House                    |  |   |                                 |  |                   |           |
| <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Congregate Living               |  |   |                                 |  |                   |           |
| <input type="checkbox"/> Unknown <input type="checkbox"/> Homeless <input type="checkbox"/> Other                                |  |   |                                 |  |                   |           |
| Is English the primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Alzheimers/Dementia? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                 |  |                   |           |
| <b>2. REFERRAL SOURCE</b>  |  |   |                                 |  |                   |           |
| <input type="checkbox"/> Self <input type="checkbox"/> Community <input type="checkbox"/> Medical/Home Health                    |  |   |                                 |  |                   |           |
| <input type="checkbox"/> Legal/Judicial <input type="checkbox"/> Family <input type="checkbox"/> Agency                          |  |   |                                 |  |                   |           |
| <b>3. PRIORITY OF REQUEST</b>  |  |   |                                 |  |                   |           |
| <input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency <input type="checkbox"/> Imminent Danger               |  |   |                                 |  |                   |           |
| <b>4. TYPE OF REFERRAL</b>   |  |   |                                 |  |                   |           |
| <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Financial Exploitation                  |  |   |                                 |  |                   |           |
| <input type="checkbox"/> Self Neglect  |  |   |                                 |  |                   |           |
| <b>5. OFFENDER</b>   |  |   |                                 |  |                   |           |
| <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Spouse <input type="checkbox"/> Parent   |  |   |                                 |  |                   |           |
| <input type="checkbox"/> Other <input type="checkbox"/> None   |  |   |                                 |  |                   |           |
| <b>6. CLOSING REASONS</b>  |  |   | Person Completing Form:         |  | Date:             |           |
| <input type="checkbox"/> Death <input type="checkbox"/> LTC Placement <input type="checkbox"/> Refused Services                  |  |   | <b>CAREGIVER/CONTACT PERSON</b> |  |                   |           |
| <input type="checkbox"/> Protective Arrangements <input type="checkbox"/> Referred to HCBS                                       |  |   |                                 |  |                   |           |
| <input type="checkbox"/> Referred to Other Agency <input type="checkbox"/> Other   |  |   | Name:                           |  |                   |           |
| <b>7. OUTCOMES</b>   |  |   | Address:                        |  |                   |           |
| <input type="checkbox"/> Resolved <input type="checkbox"/> Not Resolved <input type="checkbox"/> Partially Resolvable            |  | City: State: Zip Code:  |                                 |  |                   |           |
| <b>8. TIME</b>   |  |   | Telephone Number:               |  | Relationship:     |           |
| ____ Direct Time Units ____ Total Units ____ Recording Time Units  |  |   |                                 |  |                   |           |
| ____ Travel Units <b>1 Unit = 15 Minutes</b>   |  |   |                                 |  |                   |           |

## **VULNERABLE ADULT SERVICES INSTRUCTIONS FOR DATA COLLECTION AND COMPILATION**

Please complete the identifying information, referral source concern and caretaker information as noted.

**Information and Referral:** This is used when questions are short and information is provided. No other action is required.

**Example:** Where is the closest nursing home?

**Brief Service (2 hours or less):** This is used when an inquiry, referral or linkage is made and the issue is resolved or partially resolved in a brief time. (2 hours or less) **Example:** Would you answer a few questions about this application for protective payee for my father?

**Note:** Detailed data for Information and Referral or brief service cases need not be collected. These two categories are stand-alone numbers and are not to be included in data collection and numbers below.

---

### **1. Demographics**

**Birthdate:** Month, date, year.

**Gender:** Complete as appropriate.

**Ethnicity:** If unable to determine, mark non-minority.

**Marital Status:** Complete as appropriate.

**Living with:** Complete as appropriate.

**Social Need:**

- Living Alone: Complete, as appropriate.
- Severely Disabled: A severe chronic condition attributable to physical impairment, or a combination of mental physical impairments that (a) likely to continue indefinitely; and (b) result in substantial functional limitations in three or more of the following major life activities: self care; receptive and expressive language; learning; mobility; self directions; capacity for independent living; and economic self sufficiency.
- 100% of Poverty: A person whose annual income is at or below the federally established poverty level. Eligibility for any low-income program will be sufficient. Do not ask directly.
- Social Isolation: A person with physical and/or mental disabilities, language barriers, and cultural or social isolation, including those caused by social or ethnic status which restricts a person's ability to perform normal daily tasks or threatens their capacity to live independently.

**Place of Residence:**

- Does the person own the place where he lives and is it a house or a mobile home? (Do they pay taxes on the property?) Does the person rent the place where he lives and is it an apartment, or congregate living? Does the person live in an other arrangement, or is the status unknown?
- Is the person homeless? A person is considered homeless who "lacks a fixed, regular, and adequate night-time residence and has a primary residency that is: (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations . . . (b) an institution that provides a temporary residence for individuals intended to be institutionalized, or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. This does not include any individual imprisoned or otherwise detained pursuant to an act of Congress or a state law.

**Ability to Speak English:** Complete as appropriate.

**Alzheimer's/dementia:** Indicate if there is any form of dementia characterized by neurological or organic brain dysfunction. No formal medical diagnosis is required.

**2. Referral Source:** Referral and/or additional comments may be recorded in "Referral Source Comments" section.

- Family: This would include that person making the referral is a family member related by blood or marriage.
- Self: This would be if the vulnerable adult self referred for protection.
- Medical/Home Health: This means that the referral is from a person that is employed/connected to a health/medical related facility. Such as Hospital discharge planners, Home health nurses, etc.
- Community: This would include the neighbors, friends, bank personnel, or the various service types of persons. Such as mailperson, milk person, etc.
- Agency: This would include agencies such as, County Social Service Boards, Transit providers, Title 3 Entities, and Senior Centers.

**3. Priority of Request:**

- Emergency Intervention: An emergency intervention is initiated when the worker has reason to believe that the life and safety of the vulnerable adult may be in jeopardy at the time of the referral. Examples of emergencies are listed below. The list is not intended to be all-inclusive and the workers judgment is important in determining of the situation is an emergency. Example, the vulnerable adult is currently being threatened by a caregiver or other individual, a medical emergency may exist, a criminal act may be in progress at the time the referral is made, or the vulnerable adult has been abandoned and is incapable of caring for themselves.
- Imminent Danger: Response necessary within one working day. May exist if the worker believes the vulnerability of the adult or the situation is significant to pose an impending risk of bodily harm. Examples of imminent danger may include the following: The situation has occurred in the last 24 hours and there is no support or services for the vulnerable adult. The caregiver is in the home and for whatever reason si not able to give care any longer. The vulnerable adult is ill and needs out or in-patient medical care. The vulnerable adult has been discharged against medical advice and the physician expressing concern regarding the vulnerable adult's safety.

**4. Type of Referral:** Complete as appropriate.

This section should reflect the VAS workers assessment of the type of referral.

**5. Offender:**

If the situation is one of self-neglect, there will be no offender.

**6. Closing Reasons:** (Use only one) Complete as appropriate.

If no category fits the situation, please use the other category. Example: A person moves out of the service area or cannot locate the identified individual. This will be used on only a few occasions.

**7. Outcomes:**

- Resolved: Is when the main issue for the referral is resolved. Example: referral states that vulnerable adult is not eating very well and the VAS worker arranges for home delivered meals and a weekly trip to the grocery store.
- Partially resolved: When the main issue for the referral has been satisfied to some extent. Example: the vulnerable adult is not eating very well and the VAS worker arranges to refers for a home delivered meal, but is unable to find reliable transportation for a weekly trip to the grocery store.
- Not resolved: When none of the issues on the referral can be settled. Example: the vulnerable adult is not eating very well and the VAS worker is unable to resolve any of the issues, either by referral or own actions.

Since an assessment of any type, including the giving out of information and referral, is a start to resolving the reason for the referral, most situations will be either resolved or partially resolved.

8. Time: Since this collection of information is not a time study, or a method of determining reimbursement and is a determination of approximate time spent in the service of a vulnerable adult, it is only necessary to record significant blocks of time.

- Direct time is the time spent face to face with the vulnerable adult and any telephone calls, collateral contacts, written correspondence, or other activities that are done on behalf of a particular vulnerable adult.
- Recording time is the time spent gathering and recording your collected information.
- Travel time is the time spent driving from one site to another. Example: driving from Dickinson to Beach, round trip is 120 miles and that would be counted as 2 hours of driving time.

---

## COMPILATION FORM DIRECTIONS

**Information and Referral:** All reported contacts for the time period.

**Brief Service:** All reported brief service contacts for the time period.

**New Cases:** Reported situation that does not fit in the above 2 categories. Example: My brother is financially exploiting my mother and now she does not have enough food to eat.

**Cases that are closed this month:** Cases that are closed for services this month.

**Current cases:** All the cases that VAS is currently involved with.

The information for compilation form should be collected directly from the individual data collection forms, and submitted to the central office.